| PATENT A | AT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 |                |            |     |  |  |  |  |  |  |
|----------|-------------------------------------------------------------------|----------------|------------|-----|--|--|--|--|--|--|
|          | CLAIMS A                                                          | S FILED - PART | TI ·       | S   |  |  |  |  |  |  |
|          |                                                                   | (Column 1)     | (Column 2) | _ T |  |  |  |  |  |  |
|          | •                                                                 |                |            |     |  |  |  |  |  |  |

Application or Docket Number

| (Column 1) (Column 2)                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  | TYPE OR SMALL ENTITY |                     |                        |           |            |                        |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------|------------------------------|---------------------------------|------------------|----------------------|---------------------|------------------------|-----------|------------|------------------------|--|
| TOTAL CLAIMS                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 52                                             |                  |                              |                                 | 1                | RATE                 | FEE                 |                        | RATE      | FEE        |                        |  |
| FOR                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED                                   |                  | NUMBER EXTRA                 |                                 |                  | Basic Fee            | 375.00              | OR                     | BASIC FEE | 750.00     |                        |  |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BLE CLAIMS                                     | 52 minus 20=     |                              | . 32                            |                  |                      | X\$ 9=              |                        | OR        | X\$18=     | 516                    |  |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | 8 minus 3 =      |                              | . 5                             |                  | e l                  | X42=                |                        | OR        | X84=       | 420                    |  |
| MULTIPLE DEPENDENT CLAIM PRESEN                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  |                      | +140=               |                        | OR        | +280=      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 | TOTAL            |                      | OR                  | TOTAL                  | 106       |            |                        |  |
| 2/22/03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  |                      |                     | OTHER THAN             |           |            |                        |  |
| 2/22/03 (Column 1) (Column 2) (Column 3)                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  |                      |                     | NTITY                  | OR        | SMALL      | ENTITY                 |  |
| ENT A                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS REMAINING AFTER AMENDMENT               |                  | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA |                      | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE       | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • 52                                           | Minus            | <b>4</b> 5                   | Z                               | • ~              |                      | X\$ 9=              |                        | OR        | X\$18=     |                        |  |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 8                                            | Minus            |                              | 3                               | -                |                      | X42=                |                        | OR        | X84=       | •                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  | 1                    | +140=               |                        | OR        | +280=      |                        |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  |                      | TOTAL               |                        | OR        | YOTAL      |                        |  |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                  |                              |                                 |                  |                      |                     |                        |           |            |                        |  |
| г                                                                        | Minlar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAIMS                                         |                  | HIGI                         | HEST                            | ·                | וו                   |                     | ADDI-                  |           |            | ADDI-                  |  |
| AMENDMENT B                                                              | 1/18/19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REMAINING<br>AFTER<br>AMENDMENT                | ."               | PREVI                        | ABER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |                      | RATE                | TIONAL<br>FEE          |           | RATE       | TIONAL<br>FEE          |  |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | .52                                            | Minus            | <b></b> S                    | 3                               | -                |                      | X\$ 9=              |                        | OR        | X\$18=     | •                      |  |
| AME                                                                      | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · <i>X</i>                                     | Minus            | tes (                        | 5 4114                          | <u>-</u>         | 1                    | X42=                |                        | OR        | X84=       |                        |  |
|                                                                          | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NTATION OF MI                                  | ULTIPLE DEF      | ENDEN                        | I CLAIM                         | <u> </u>         | J                    | +140=               |                        | OR        | +280=      |                        |  |
|                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                              |                  |                              |                                 |                  |                      | TOTAL<br>ADDIT. FEE |                        | OR        | ADDIT, FEE |                        |  |
|                                                                          | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                  |                              |                                 |                  |                      |                     |                        |           |            |                        |  |
| AMENDMENT C                                                              | ٠                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                  | NUM<br>PREV                  | HEST<br>ABER<br>IOUSLY<br>O FOR | PRESENT<br>EXTRA |                      | PATE                | ADDI-<br>TIONAL<br>FEE |           | RATE       | ADDI-<br>TIONAL<br>FEE |  |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                              | Minus            | **                           |                                 | -                | 1                    | X\$ 9=              |                        | OR        | X\$18=     |                        |  |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | Minus            | ***                          |                                 | <u> -</u>        | 4                    | X42=                |                        | OR        | X84=       |                        |  |
| L                                                                        | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |                              |                                 |                  | Ţ                    | +140=               | N. C.                  | OR        | +280=      |                        |  |
| •                                                                        | If the entry in colu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mn 1 is less than t                            | he entry in cot. | mn 2, wri                    | te 'O' in co                    | olumn 3.         |                      | TOTAL               |                        | OR        | TOTAL      |                        |  |
| •                                                                        | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  A |                                                |                  |                              |                                 |                  |                      |                     |                        |           |            |                        |  |
| •                                                                        | The Trighest Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | moer Previously Pa                             | us For (Total o  | r indepen                    | क्सार्क १३ द्वा                 | e rignest numb   | OF TO                | enua su aus sb      | brobusts po            | K ET C    | water 1.   |                        |  |